

FILED SEP 25 1948 49

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

29925

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3814

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**41 East 53rd. Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **47 years** (Specify whether years, months or days)  
In this community **47 years**

3: (a) PRINT FULL NAME **Victor B. Powell**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **492-14-2376**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Wilma L. Powell** 6. (c) Age of husband or wife if alive **49** years  
7. Birth date of deceased **January 16th. 1901**  
(Month) (Day) (Year)

8. AGE: Years **47** Months **8** Days **0** If less than one day hr. min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Assistant Treasurer**

11. Industry or business **Darby Corp.**

MOTHER FATHER { 12. Name **Bee Powell** 9  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Clara Powell Bee**  
15. Birthplace **Mason Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wilma L. Powell**  
(b) Address **41 East 53rd. Street**

17. (a) **Burial** (b) Date thereof **9-18-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **9-17-48** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **41 East 53rd. Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16th.**  
year **1948** hour minute M.

21. I hereby certify that I attended the deceased from **Pathologist** 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema** Duration

Due to **Acute Cardiac Dilatation**

Due to **Coronary Arteriosclerosis & occlusion**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93**  
Of autopsy **above** **PHYSICIAN**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury

23. Signature **Jack H. Hill** (M. D. or other)  
Address **1411 E. 17th St. Kansas City, Mo.** Date signed **9-18-48**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Walter H. Erwin  
\_\_\_\_\_  
Licensed Embalmer No. 4352  
P. O. Address Kansas City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**